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CONFIRMATION NO. 1876

SERIAL NUMBER 10/817,312	FILING DATE 04/01/2004 RULE	CLASS 514	GROUP ART UNIT <i>AD</i> 1653	ATTORNEY DOCKET NO. 05558.0011.NPUS04
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APPLICANTS

Stephen S. Palmer, Plympton, MA; *AD*

Sean D. McKenna, Duxbury, MA; *AD*

AD Stephen J. Arkinstall, Belmont, MA; Aliza Eshkol, LaRippe, SWITZERLAND;

Michael C. MacNamee, Bourn, UNITED KINGDOM; *AD*

** CONTINUING DATA *****

This appln claims benefit of 60/458,955 04/01/2003
 and claims benefit of 60/470,434 05/15/2003
 and claims benefit of 60/540,301 01/28/2004
 and claims benefit of 60/544,003 02/12/2004

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 78	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *AD*

ADDRESS
 Attention: IP Prosecution
 HOWREY SIMON ARNOLD & WHITE, LLP
 Box No. 34
 1299 Pennsylvania Avenue, N.W.
 Washington, DC
 20004-2402

TITLE
 Inhibitors of phosphodiesterases in infertility

☐ All Fees

FILING FEE RECEIVED 3270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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